

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | NO.     | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         | 2/2/01   |         | 2/2/01   |
| O.I.P.E. CLASSIFIER       |          | 49      | 7/20/01  |
| FORMALITY REVIEW          | B2       | TC3-883 | 08-23-01 |
| RESPONSE FORMALITY REVIEW | STAP     | 11(0)   | 10-15-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date     |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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926-4/81  
 573  
 10-15-01